## INFORMATION FORM FOR ARY/CHINS PARTIES

Required by 26.50 & 26.50.020(5)

Information will be entered into a database available only to the courts. Information is required only for those individuals/parties that will be attending future court hearings.

Youth:				
First Name: Middle Name:				
Last Name:				
Address:	Street:			
	City:			-
	State:			
H /C 11 T	Zip Coo	de:		
Work Phone:		:		
		Hair Color:	Eye Color:	
Parent 1/I	.egal (	Guardian (LGN) 1:	: Relationship to Youth:	
i di ciit 1/1	egui .	Relation	nship to other Parent/LGN:	
First Name:				
Middle Name:				_
Last Name:				
Address:	Street:			
	City:			
	State:	1		•
Homa/Call Ta	Zip Coo	ae:		
Work Phone:	тернопе	:		
	Race:	Hair Color	Eye Color:	
		11411 C0101:		
<u>-</u>				
Parent 2/I	Legal (		: Relationship to Youth:	
E' (NI		Relation	nship to other Parent/LGN:	
First Name: Middle Name:				
Last Name:				_
Address:	Street:			
	State:			
Home/Cell Te	lenhone	<u>.</u>		
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Work Phone:	-		Eye Color:	